



Speech-Language Pathology and Audiology Board

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APPLICATION FOR LICENSURE (EQUIVALENT QUALIFICATIONS)

IMPORTANT: TO QUALIFY FOR LICENSURE WITH EQUIVALENT QUALIFICATIONS, YOU MUST HOLD A CURRENT CERTIFICATE OF CLINICAL COMPETENCE ISSUED BY THE AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION.

INSTRUCTIONS: YOU MUST COMPLETE THIS ENTIRE APPLICATION. ANY CORRECTIONS TO THIS FORM MUST BE STRICKEN AND INITIALED. **DO NOT USE WHITE OUT ON THIS FORM. IF ANY SECTIONS ARE NOT COMPLETE, THIS FORM WILL BE RETURNED.**

SPEECH-LANGUAGE PATHOLOGY _____

AUDIOLOGY _____

TYPE OR PRINT.

1. FULL NAME:	LAST	FIRST	MIDDLE
2. OTHER NAMES YOU HAVE USED (INCLUDING MAIDEN):			
3. *ADDRESS OF RECORD:	STREET		
CITY, STATE, ZIP CODE:			
4. RESIDENCE TELEPHONE:	BUSINESS TELEPHONE:		
()	()		
5. SOCIAL SECURITY NUMBER:	DATE OF BIRTH: (MM/DD/YY)		
- -	/ /		
6. EMPLOYER:	NAME	STREET ADDRESS	
CITY, STATE, ZIP CODE:			

7. LIST NAME AND LOCATION OF ALL SATISFACTORILY COMPLETED EDUCATION AFTER SECONDARY SCHOOL

INSTITUTION	LOCATION	MAJOR FIELD OF STUDY	DATES ATTENDED	DEGREE RECEIVED AND DATE

*YOUR ADDRESS OF RECORD IS PUBLIC INFORMATION AND WILL BE RELEASED UPON REQUEST AND MAY BE PLACED ON THE INTERNET.

<p>8. HAVE YOU TAKEN THE EDUCATIONAL TESTING SERVICE / NATIONAL TEACHERS EXAMINATION (NTE) IN SPEECH-LANGUAGE PATHOLOGY OR AUDIOLOGY?</p> <p>YES _____ NO _____ IF, YES, DATE _____ / _____ YOUR SCORE: _____ MONTH YEAR (MINIMUM SCORE OF 600 REQUIRED)</p>
<p>9. IN WHAT STATE WAS YOUR SUPERVISED PROFESSIONAL EXPERIENCE OR CFY OBTAINED?</p> <p>_____</p> <p>IF ANY PORTION OF YOUR EXPERIENCE WAS COMPLETED IN CALIFORNIA YOU WILL BE REQUIRED TO SUBMIT THE REQUIRED PROFESSIONAL EXPERIENCE VERIFICATION FORM.</p>
<p>10. HAVE YOU BEEN THE SUBJECT OF ANY DISCIPLINARY ACTION REGARDING ANY SPEECH-LANGUAGE PATHOLOGY, AUDIOLOGY, OR OTHER HEALING ARTS LICENSE WHICH YOU NOW HOLD OR HAVE PREVIOUSLY HELD?</p> <p>YES _____ NO _____ (IF YES, COMPLETE THE CONVICTION/LICENSE DISCIPLINARY ACTION FORM)</p>
<p>11. HAVE YOU EVER BEEN DENIED A LICENSE TO PRACTICE SPEECH-LANGUAGE PATHOLOGY, AUDIOLOGY, OR ANY OTHER HEALING ARTS, OF ANY STATE, THE FEDERAL GOVERNMENT OR OTHER TERRITORY OF THE UNITED STATES?</p> <p>YES _____ NO _____ (IF YES, COMPLETE THE CONVICTION/LICENSE DISCIPLINARY ACTION FORM)</p>
<p>12. HAVE YOU EVER VOLUNTARILY SURRENDERED A LICENSE TO PRACTICE IN THE HEALING ARTS IN ANOTHER STATE, THE FEDERAL GOVERNMENT OR OTHER TERRITORY OF THE UNITED STATES?</p> <p>YES _____ NO _____ (IF YES, COMPLETE THE CONVICTION/LICENSE DISCIPLINARY ACTION FORM)</p>
<p>13. HAVE YOU EVER BEEN CONVICTED OF, OR PLED NOLO CONTENDERE TO ANY OFFENSE, MISDEMEANOR OR FELONY OF ANY STATE, THE UNITED STATES, OR A FOREIGN COUNTRY? (EXCEPT VIOLATIONS OF TRAFFIC LAWS RESULTING IN FINES OF \$75 OR LESS)</p> <p>YES _____ NO _____ (IF YES, COMPLETE THE CONVICTION/LICENSE DISCIPLINARY ACTION FORM)</p> <p>YOU ARE REQUIRED TO LIST ANY CONVICTION THAT HAS BEEN SET ASIDE AND/OR DISMISSED UNDER PENAL CODE SECTION 1203.4 OR UNDER ANY OTHER PROVISION OF THE LAW.</p>

NOTE: THE PHOTOGRAPH AND THE SWORN STATEMENT BELOW MUST BE DATED WITHIN SIXTY (60) DAYS OF THE FILING DATE OF THIS APPLICATION.

ATTACH 2" X 2" OR 3" X 3"
PASSPORT QUALITY PHOTOGRAPH HERE

STATEMENT OF APPLICANT

I HEREBY CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT ALL STATEMENTS MADE HEREIN ARE TRUE IN EVERY RESPECT, AND THAT MISSTATEMENTS OR OMISSIONS OF MATERIAL FACTS MAY BE CAUSE FOR DENIAL OF THIS APPLICATION, OR FOR SUSPENSION OR REVOCATION OF A LICENSE.

I FULLY UNDERSTAND THAT, EXCEPT IN AN EXEMPT SETTING, I MAY NOT PRACTICE AS A SPEECH-LANGUAGE PATHOLOGIST OR AUDIOLOGIST IN THE STATE OF CALIFORNIA WITHOUT WRITTEN NOTIFICATION FROM THE SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY BOARD THAT I MAY DO SO.

DATE: _____

SIGNATURE: _____

(SIGNATURE MUST BE IN BLUE INK)